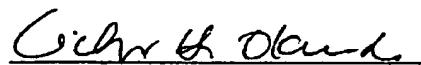


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CENTRAL FAX CENTER****JAN 31 2006****DATE:** January 31, 2006**TO:** Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**FAX NO.: (571) 273-8300
USPTO Central Fax Number**Confirmation No.: 1426
Group Art Unit: 2132
Examiner: Perungavoor, V.**FROM:** Victor H. Okumoto
Reg. No. 35,973**PAGE 1 OF 34.****RE:** Petition to Revive

Application Ser. No.: 10/014,636

"System, method and recording unit for protected copying of material,"
Brondijk et al., filed 10/26/2001 (Atty. Docket No. 206)**MESSAGE:** Please find attached, a Request for Continued Examination; Credit Card Payment Form for the RCE Fee; Amendment Transmittal Letter; Credit Card Payment Form for Extra Claims; and Amendment responding to the Final Office Action mailed 11/23/2005 for this case.

Victor H. Okumoto

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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 206	
Applicant(s): Brondijk, Robert et al.						
Application No. 10/014,636	Filing Date 10/26/2001	Examiner Perungavoor, V.	Customer No.	Group Art Unit 2132	Confirmation No. 1426	
Invention: System, method and recording unit for protected copying of material.						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	84 -	80 =	4	x \$50.00	\$200.00	
INDEP. CLAIMS	5 -	4 =	1	x \$200.00	\$200.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$400.00	
<input type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
<i>Cochrane Okumoto</i> <small>Signature</small>					Dated: January 31, 2006	
02/01/2006 TL0111 00000020 10014636 01 FC:1801 790.00 OP 02 FC:1201 200.00 OP 03 FC:1202 200.00 OP					I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ <small>(Date)</small>	
Signature of Person Mailing Correspondence Victor H. Okumoto Typed or Printed Name of Person Mailing Correspondence						
CC:						